

7) RCE\$

**REQUEST FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL TYPE**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Application Number: 10/801,830	Confirmation Number: 5171
Filing Date: March 17, 2004	
First Named Inventor: Jacques Chevallet	
Group Art Unit: 1723	
Examiner: Sun U. Kim	
Attorney Docket Number: 2508.0103	

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 C.F.R. § 1.114: Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment.

- a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on [Date] _____.
- ii. ☐ Other _____
- b. ☐ **DO NOT ENTER** the amendment(s) previously filed on [Date(s)] _____. An alternate submission is attached.
- c. ☐ Enclosed submission: .
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement
- iv. ☐ Other _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of [number] months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)
- b. ☐ Other _____

3. Fees

- a. ☒ The filing fee is calculated as follows:
- i. ☒ \$790.00 RCE fee required under 37 C.F.R. § 1.17(e)
- ii. ☐ Petition for extension of time for ([number] Months) \$[Fee] _____
- iii. ☐ Other _____
- b. ☒ Check in the amount of \$790.00 enclosed.
- c. ☒ The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account 06-0916.

Signature of Applicant, Attorney, or Agent Required

Name: Aaron L. Parker	Reg. No.: 50,785 03/16/2007 MAHME1 00000002 10001830
Signature:	Date: 3/15/07 01 10.1001 790.00 0P

Certificate of Mailing or Transmission

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